

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EARL INGELS
362-813
W.C.I.
P.O. BOX 120
LEBANON, OH 45036

2. Article Number

(Transfer from service label)

7001 2510 0008 6349 7379

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

07 MAR 2007 PM 1
X *James E. Mueller* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

JAMES NUENIKE

C. Date of Delivery

3/8/07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes